

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

No. 87-40
File 9-20-85
Date of Application

FLOYD County

MALE

Medical Examination Report Dated 9-18-85
Name of Physician S. Seipel

FEMALE

Medical Examination Report Dated 9-18-85
Name of Physician S. Seipel

ALL QUESTIONS MUST BE ANSWERED. I.C. 31-1-3-6 prescribed "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".

MALE APPLICANT

Name Keith D. Allen
Date of Birth Nov 13 1961
Place of Birth (State or foreign country) New Albany Ind
Residence Address Rt 3 Box 166 New Albany Ind
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☐ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) Driver license

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
NONE

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father Kenneth Wayne Allen
Residence of father (if deceased so state) deceased

Birthplace of father (State or foreign country) Corydon Ind

9. Full maiden name of mother Barbara Kayle Burgess
Residence of mother (if deceased so state) 219 Bern Ave N.E.

Birthplace of mother (State or foreign country) New Albany Ind

State of Indiana, Floyd } ss: I depose and state the information given in this application is true and correct.

County of Floyd }
Signed Keith D. Allen

New Address

Subscribed and sworn to before me this 20 day of Sept, 1985
William B. Jenks Clerk FLOYD Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of _____

Signed _____ Father

Signed _____ Mother

Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

FEMALE APPLICANT

Name Katrina L. Kemp
Date of Birth Dec 31 1968
Place of Birth (State or foreign country) New Albany Ind
Residence Address Rt #1 Box 434 Corydon Indiana
Previous Marital Status: Never Married ☒ OR ☐
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Date of birth verified by: ☒ Birth Certificate ☐ Judicial Decree

☐ Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes", has the adjudication been removed? No ☒ Yes ☐
- Are you afflicted with a transmissible disease? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Are you required by any court order or orders to support the above dependent children? No ☐ Yes ☐
If answer is "yes", it is required that this Application be accompanied by satisfactory proof that you are in compliance with any court order or orders issued for their support.

8. Full name of father George Peterson
Residence of father (if deceased so state) New Albany Ind

Birthplace of father (State or foreign country) New Albany Ind

9. Full maiden name of mother Linda Kemp
Residence of mother (if deceased so state) same as above

Birthplace of mother (State or foreign country) New Albany Ind

State of Indiana, Floyd } ss: I depose and state the information given in this application is true and correct.

County of Floyd }
Signed Katrina Kemp

New Address

Subscribed and sworn to before me this 20 day of Sept, 1985

Clerk FLOYD Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.

State of Indiana, } ss:
County of _____

Signed _____ Father

Signed Linda Kemp Mother

Subscribed and sworn to before me this 20 day of Sept, 1985

William B. Jenks Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court by written order issued _____ and filed in _____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the FLOYD Circuit Court of Indiana dated the 23 day of SEPT., 1985, authorizing the joining together as husband and wife

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, FREDIA RODEWIG hereby certify that on the 23 day of SEPT., one thousand nine hundred and EIGHTY FIVE at NEW ALBANY, County of FLOYD

State of Indiana, Groom KEITH D. ALLEN of FLOYD County, State of INDIANA

and, Bride KATRINA L. KEMP, of FLOYD County, State of INDIANA

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of FLOYD County.

Dated this 23 day of SEPT., 1985

Signed FREDIA RODEWIG

Official Designation PASTOR EVANG.

Signed WILLIAM B. JENKS Clerk

FLOYD Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana this 25 day of SEPT., 1985